Date:

Attorney Docket No.

**Assistant Commissioner for Patents** 

Washington, D.C. 20231

19705-000100US

January 2, 2001

I hereby certify that this is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

*		
TOWNSEND an	d TOWNSEND and	<b>CREW LLP</b>
	.1	_

Two Embarcadero Center, 8<sup>th</sup> Floor San Francisco, California 94111-3834

(415) 576-0200

In re application of: Bulent Dervisoglu et al.

Application No.: 09/275,726

Filed: March 24, 1999

Group Art Unit: 2133

For: ON-CHIP SERVICE PROCESSOR FOR TEST AND

**DEBUG OF INTEGRATED CIRCUITS** 

THE ASSISTANT COMMISSIONER FOR PATENTS

Washington, D.C. 20231

Sir:

TOTAL

INDEP.

Transmitted herewith is an amendment in the above-identified application.

Enclosed is a petition to extend time to respond.

Enclosed is a petition to extend time to respond.

Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by everified statement previously submitted. [X]

If any extension of time is needed, then this response should be considered a petition therefor.

The filing fee has been calculated as shown below:

[ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

(Col. 1)

CLAIMS REMAINING

**AFTER** 

AMENDMENT

\* 22

\* 3

(Col. 2)

HIGHEST NO.

**PREVIOUSLY** 

PAID FOR

\*\* 20

\*\*\* 3

(Col. 3)

PRESENT

**EXTRA** 

2

n

RATE	ADDIT. FEE
x \$9.00 =	\$18.00
x \$40.00 =	\$0.00
+ \$135.00 =	
TOTAL	\$18.00

ADDIT. FEE

SMALL ENTITY

OTHER THAN SMALL ENTITY

OR

OR

RATE	ADDIT. FEE
x \$18.00 =	
x \$80.00 =	
+ \$270.00 =	
TOTAL	
	x \$18.00 = x \$80.00 = + \$270.00 =

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

> [ ] No fee is due.

**MINUS** 

**MINUS** 

Please charge Deposit Account No. 20-1430 as follows:

[X]

Claims fee \$18.00 Any additional fees associated with this paper or during the pendency of this application.

[X]

\_ extra copy of this sheet is enclosed.

Customer No. 20350

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